

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

6688

LOCAL FILE NUMBER



## CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME <b>ELMER ALBERT CARLSON</b>	2. SEX (M / F) <b>Male</b>	3. DEATH DATE (Mo. Day, Yr) <b>June 29, 1999</b>
4. AGE LAST BIRTHDAY <b>87</b>	5. UNDERLYING CAUSE OF DEATH <b>Dec 30, 1911 Minneapolis, MN</b>	6. BIRTHPLACE <b>101X 3rd or Foreign County</b>
7. BIRTHDAY (Mo. Day, Yr) <b>120</b>	8. DEATHDATE (Mo. Day, Yr) <b>Dec 30, 1911 Minneapolis, MN</b>	9. WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes / No) <b>No</b>
10. COUNTY OF DEATH <b>King</b>	11. CITY, TOWN OR LOCATION OF DEATH <b>Renton</b>	
12. PLACE OF DEATH - <input checked="" type="checkbox"/> HOME <input type="checkbox"/> HOSPITAL <input type="checkbox"/> MEDICAL CENTER <input type="checkbox"/> NURSING HOME <input type="checkbox"/> OTHER <b>3600 NE 8th Street</b>	13. BURIED OR BURNT IN SAME PLACE <b>NO</b>	
14. MARITAL STATUS- Never Married, Married, Divorced (Specify) <b>Widowed</b>	15. SURVIVING SPOUSE (Name and Mailing Address) <b>Carl Carlson</b>	16. SOCIAL SECURITY NO. <b>473-01-2354</b>
17. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Civil Engineer</b>	18. KIND OF BUSINESS OR INDUSTRY <b>Commercial Construction</b>	19. WAS DECEDENT OF HISpanic ORIGIN OR DESCENT? (Ancestry) (Specify) <b>White</b>
20. RESIDENCE - NUMBER AND STREET <b>3600 NE 8th Street</b>	21. CITY/TOWN OR LOCATION <b>Renton</b>	22. LENGTH OF RESIDENCE <b>Yes</b>
23. PATIENT'S NAME - FIRST, MIDDLE <b>Carl Carlson</b>	24. DEATH CERTIFYING FACILITY <b>Bleitz Funeral Home</b>	25. STATE <b>WA</b>
26. INFORMANT - NAME <b>Mary Helen Lowry</b>	27. CITY OR TOWN <b>3326 Park Ave N, Renton, Washington 98056</b>	28. ZIP CODE <b>98056</b>
29. BURIAL ORGANIZATION REMOVAL, OTHER (Specify) <b>Cremation</b>	30. DATE OF BURIAL OR REMOVAL <b>July 1, 1999</b>	31. LOCATION - CITY/TOWN STATE <b>Seattle, Washington</b>
32. FUNERAL DIRECTOR SIGNATURE <b>John Lowry</b>	33. NAME OF FACILITY <b>Seattle Service Group Crematory</b>	34. ADDRESS OF FACILITY <b>316 Florentia Street</b>
35. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER WHO IS THE BODY OR MY KNOWLEDGEABLE STATEMENT AS TO THE TIME, DATE AND PLACE AND WHO IS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <b>X</b>		36. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE PROVIDED DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <b>X</b>
37. DATE SIGNED (Mo. Day, Yr) <b>6/29/99</b>	38. HOUR OF DEATH <b>1330</b>	39. DATE SIGNED (Mo. Day, Yr)
40. NAME AND TITLE OF ATTENDING PHYSICIAN (NAME, TITLE OR HOSPITAL) <b>Janora Jolly M.D.</b>	41. PRONOUNCED DEAD (Mo. Day, Yr) <b>6/29/99</b>	42. HOUR PRONOUNCED DEAD (24 Hrs) <b>0000</b>
43. NAME AND ADDRESS OF CORONER'S OFFICE <b>275 Brynson Way Rd, Renton, Washington 98056</b>	44. MEDICAL FILE NUMBER <b>NJA#2463-99</b>	
45. ENTER THE DISEASES, INJURIES OR COMPLICATIONS WHICH CAUSED THE DEATH		
46. IMMEDIATE CAUSE (From which condition death resulted in death)  DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. SEQUENTIALLY list conditions, 2nd refers to 1st listed cause, 3rd refers to 2nd cause, etc. List only one cause of death in each last.		
47. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESPONSIBLE FOR THE UNDERLYING CAUSE GIVEN ABOVE		
48. ADD. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)	49. DEATH DATE (Mo. Day, Yr) <b>6/29/99</b>	50. AUTOPSY <b>NO</b>
51. INJURY AT WORK? (Yes / No)	52. PLACE OF DEATH (Mo. Day, Yr) <b>6/29/99</b>	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <b>Yes</b>
54. RECORD AMENDMENT (Checkmark, Initials, or Signature) ITEM REVIEWED BY DATE	55. DATE RECEIVED (Mo. Day, Yr) <b>6/29/99</b>	



HOW INJURY OCCURRED:

STREET OR INFO NO. CITY/TOWN STATE:

Name and Address: